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FACSIMILE TRANSMITTAL COVER SHEET

DATE: April 1, 2005 ATTORNEY DOCKET NUMBER: 4069DIV/GETS 5294.2
PTO FACSIMILE NUMBER: (703) 872-9306

PLEASE DELIVER THIS FACSIMILE TO: Mark T. Le
THIS FACSIMILE IS BEING SENT BY: Frank R. Accovino
NUMBER OF PAGES: 4 INCLUDING COVER SHEET

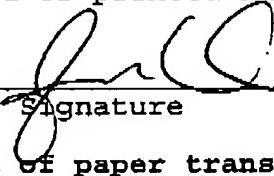
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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Jessica Dunn

Typed or printed name of person signing certification



April 1, 2005

Signature

Date

Type of paper transmitted: Request for Continued Examination

Applicant's Name: Gerald James Hess, Jr. et al.

Serial No. (Control No.): 10/722,610 Examiner: Mark T. Le

Filing Date: 11-26-03 Art Unit: 3617 Confirmation No.: 7096

Application Title: CONTROL SYSTEM FOR OPTIMIZING THE OPERATION
OF TWO OR MORE LOCOMOTIVES OF A CONSIST

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CENTRAL FAX CENTER 4069DIV/GETS 5294.2
PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Hess, Jr. et al. Art Unit 3617
Serial No. 10/722,610
Filed November 26, 2003
Confirmation No. 7096
For CONTROL SYSTEM FOR OPTIMIZING THE OPERATION OF TWO OR MORE
LOCOMOTIVES OF A CONSIST
Examiner Mark T. Le

April 1, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

1. REQUIRED SUBMISSION:

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on February 28, 2005
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement
 - iv. Other _____

2. MISCELLANEOUS

- a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee required)
- b. Other _____

3. FEES (Required when the RCE is filed)

4069DIV/GETS 5294.2
PATENT

a. [X] The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-0846. A duplicate copy of this sheet is enclosed for fee processing.

- i. [X] RCE fee required under 37 C.F.R. §1.17(e)
ii. [] Extension of time fee
iii. [] Other _____

b. [] Check in the amount of \$_____ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



Frank R. Agovino, Reg. No. 27,416
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FRA/ROE/jmd

Mail Stop RCE

FEE TRANSMITTAL

Application Number 10/722,610 Art Unit 3617
 Filing Date November 26, 2003 Confirmation No. 7096
 Inventor(s) Hess, Jr. et al.
 Examiner Name Mark T. Le
 Attorney Docket Number 4069DIV/GETS 5294.2

[] Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 07-0846. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
 (Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
 Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
 Multiple Dependent Claims Fee _____ \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. OTHER FEE(S)

- [] _____ month extension of time
- [] Information disclosure statement
- [] 37 CFR 1.17(q) processing fee
- [] Non-English specification
- [] Notice of Appeal
- [] Filing a brief in support of appeal
- [] Request for oral hearing
- Other: Request for Continued Examination

Subtotal (4) \$790.00

TOTAL AMOUNT OF PAYMENT \$790.00

Frank R. Agovino 4/1/05
 Frank R. Agovino, Reg. No. 27,416 Date
 Telephone: 314-231-5400

FRA/ROE/jmd